



MAY 20 2004 THU 11:24 AM ENANTA PHARMACEUTICALS

FAX NO. 6176070530

P. 01

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36078 7590 04/21/2004

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Katherine L. Staba (Depositor's name)  
K. L. Staba (Signature)  
May 20, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,219	10/12/2001	Yat Sun Or	ENP-030	9357

TITLE OF INVENTION: CYCLOSPORIN ANALOGS FOR THE TREATMENT OF AUTOIMMUNE DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/21/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LIU, SAMUEL W	1653	514-009000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jason D. Ferrone

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Enanta Pharmaceuticals, Inc.

Watertown, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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5/20/2004

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05/21/2004 MAHME2 00000071 502010 09976219

01 FC:2501 665.00 DA  
02 FC:1504 300.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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